

### Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407 Expiration Date: 09/30/2020

Check One: ☐ Sole proprietor ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ LLC ☐ Independent contractor ☐ Eligible self-employed individual ☐ 501(c)(3) nonprofit ☐ 501(c)(19) veterans organization ☐ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ☐ Other  Business Legal Name						]	OBA or Trade	name if Applica	able		
		Business	Legal Name								
Eric R Sl	hibley MD PLLC	Ducino	aa Addusaa				Ducinoss TI	JEIN CON	Ducine	ag Dhono	
Business Address 4700 36th Ave SW							5849	N (EIN, SSN)	2069384291	ess Phone	
								Contact		Address	
Seattle		WA		9	98126		Eric Shibley	Contact	shibley98271		om
		1							I -		
Averag	e Monthly Payroll:	\$ 37900	1	x 2.5 + EIDL, N Advance (if App Equals Loan Re	plicable)	\$ 94	1750	Number	of Employees:	6	
Purpose	e of the loan										
(select	more than one):	XPayrol	1 Lease	Mortgage Inter	rest Utilitie	s 🔲	Other (explain	n):			
List all o	owners of 20% or more  Owner Name	e of the equit	y of the App	Applicant Own olicant. Attach a	_		IN (EIN, SSN)		Address		
Eric R	Shibley		Manager		100		5264	4700 36th	Ave SW Seat	tle WA	98126
If	questions (1) or (2) be	elow are ansv	wered "Yes,	" the loan will n	ot be approved	<u>.</u>					
	-			Question						Yes	No
1.	Is the Applicant or an voluntarily excluded f bankruptcy?									· 🗆	$\overline{\mathbf{x}}$
2.	Has the Applicant, an guaranteed loan from caused a loss to the go	SBA or any								r 🔲	$\overline{\mathbf{x}}$
3.	Is the Applicant or an business? If yes, list a									r 🗆	X
4.	Has the Applicant rec provide details on a se				Loan between	Janua	ary 31, 2020 ar	nd April 3, 20	20? If yes,		X
<u>If</u>	questions (5) or (6) are	e answered "	'Yes," the lo	an will not be a	pproved.						
				Question					Yes	No	)
5.	Is the Applicant (if at to an indictment, crir brought in any jurisd	ninal information, or pre	ation, arraignesently incare	nment, or other cerated, or on pr	means by which robation or parc	h forr ole?			ct $\square$		<u> </u>
	Initial here to confirm	ii youi tespoi	nse to questi	.011 3 →	ES						
6.	Within the last 5 year been convicted; 2) pl placed on any form of	eaded guilty of parole or p	; 3) pleaded robation (inc	nolo contendere cluding probation	e; 4) been place on before judgm	d on p	pretrial diversi		ı 🔲	[	$\overline{\mathbf{x}}$
	Initial here to confirm	n your respon	nse to questi	on 6 →	ES .						
7.	Is the United States t Applicant's payroll c			dence for all em	nployees of the	Appli	cant included	in the	X		
8.	Is the Applicant a fra	nchise that is	s listed in the	e SBA's Franch	ise Directory?					Б	री
F	FOIA CONFIDENTIAL T			ED	U.S. v. CR20-174		-		ATH-RC_0000		-
A Form 2	2483 (04/20)				Governme Admitted		Exhibit	No. 11	DOJ-01-000	00003175	;



### Paycheck Protection Program Borrower Application Form

### By Signing Below, You Make the Following Representations, Authorizations, and Certifications

### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

### **CERTIFICATIONS**

ps	
ES_	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent
	contractors as reported on Form(s) 1099-MISC

	00	
€	ES	Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

ES	The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments,
	as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes,
	the federal government may hold me legally liable, such as for charges of fraud.

/	
ES	The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's
	payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities
	for the eight-week period following this loan.

Cus	
ES	I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments
	covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

r	
ES	During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another
	loan under the Paycheck Protection Program.

ES	I further certify that the information provided in this application and the information provided in all supporting documents and
	forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan
	from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a
	fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if
	submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not
	more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Occusigned by:  Eric Slubbley	5/2/2020	
Signature of Authorized Representative of Applicant	Date	_
Eric Shibley	Manager	
Print Name	Title	



### Paycheck Protection Program Borrower Application Form

### Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



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institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

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	name (Kany)				2: April, M	ay, June
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_	e separate instructions before you comp		or print within the	boxes.		
1	Answer these questions for this Number of employees who received wa		compensation for	r the pay period		
10	including: Mar. 12 (Quarter 1), June 12 (	Quarter 2), Sept. 12 (	Quarter 3), or De	c. 12 (Quarter 4)	1	5
	Manage Managed at the component on				2	75800 . 0
2	Wages, tips, and other compensation					
3	Federal income tax withheld from wag	jes, tips, and other	compensation		3	0.
4	If no wages, tips, and other compensa	tion are subject to Column 1	social security o	r Medicare tax Column 2	Che	sck and go to line 6.
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R Shibley MD P	LLC				9052
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ou are unsure ab Pub. 15.	out whether you	are a monthly sch	edule depositor or a semin	weekly schedule	depositor, see section 11
5 Check one:	incur a \$100,00	00 next-day deposit of	oligation during the current qu	arter, If line 12 for d of your federal I	ter was less than \$2,500, and you didn'the prior quarter was less than \$2,500 but as labelity. If you are a monthly schedulestor, attach Schedule B (Form 941). Go to
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		Month 2	5798 • 70		
		Month 3	0.00		
	Total liability fo	or quarter	11597 . 40	Total must equ	al line 12.
E	You were a s	semiweekly schedu	ale depositor for any part o	of this quarter. (	Complete Schedule B (Form 941), orm 941.
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Employer's contact person Eric R Stribiny			Employer's reservoire number For Official Line Drev 206-936-4291		
Employe a familiarian 206-260-1412			Employer a mini addinio shibleenyo@yahoa.com		
Order promittion of portrollers	Tomas Tografia the 1 have con	med is more and	COOTON TTO COCUMENTS, and to the best of my	knowings and basel, they are the correct of the cor	

W-3 Transmittal of Wage and Tax Statements

2019

Personal of the Treatment

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when fling paper Copy A of Form(s) W-2. Wage and Tax Statement. Don't file Form W-3 alone, All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of an paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

### Where To File Paper Forms

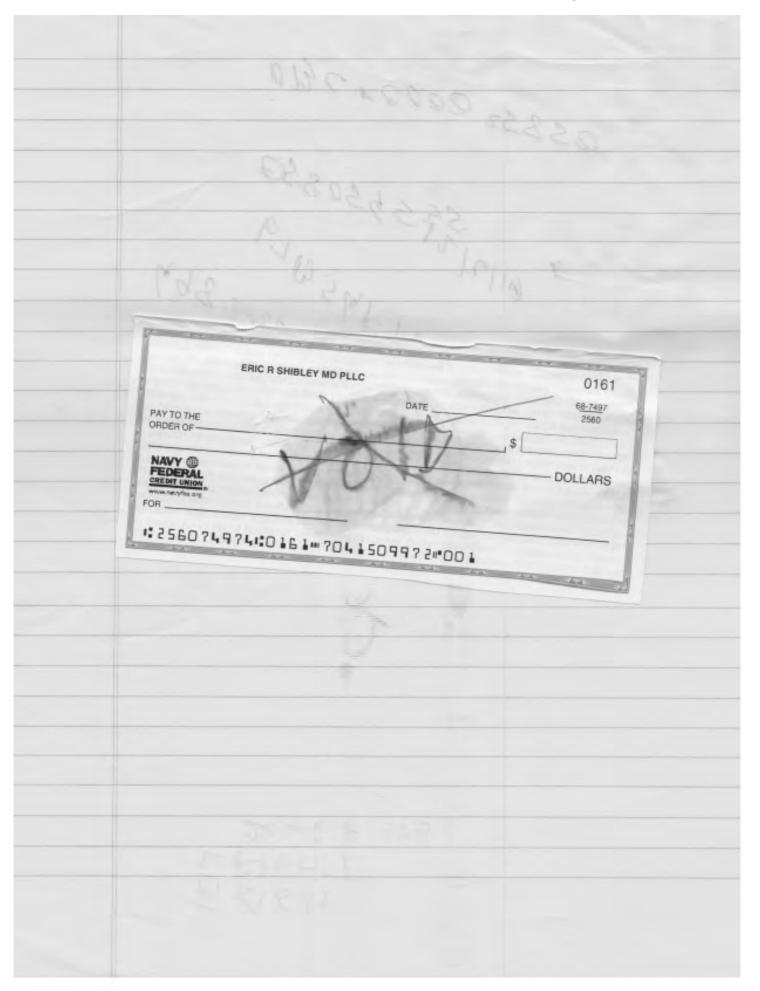
Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Direct Operations Center Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." if you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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## WASHING TON

# DRIVER LICENSE FEDERAL LIMITS APPLY



4d LIC#

Case 2:20-cr-00174-JCC Document 137-4 Filed 11/26/21 Page 9 of 31

9 CLASS

SHIBLEY ERICRYAN

3 DOB 11978 8 4700 36TH AVE SW

4a ISS 12/06/2019

SEATTLE WA 98126-2716

15 SEX M 16 HGT 6'-00"

12 RESTRICTIONS

B

18 EYES BRO

17 WGT 190 Ib

9a END NONE

46 EXP 12/10/2025

5 DD WDL67854F1SBR4206193H1225

REV 11/12/2019

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### Paycheck Protection Program Borrower Application Form

OMB (	Control No.	.: 3245-0407
Evnir	ation Date	09/30/2020

Check One:  □ Sole proprietor □ Partnership □ C-Corp □ S-Corp 및 LLC □ Independent contractor □ Eligible self-employed individual □ 501(c)(3) nonprofit □ 501(c)(19) veterans organization □ Tribal business (sec. 31(b)(2)(C) of Small Business Act) □ Other					DBA or Trade	name if Applicab	ole		
		Business	Legal Name						
ES1 LLC	C	ъ .	A J J		n . t	I (EIN CON	ъ .	DI	
4700 36	th Ave SW	Busine	ss Address		5849	N (EIN, SSN)	2069384291	s Phone	
4700 30	ui /ive 5 w					Contact	Email A		
Seattle			Contact	shibleenyc@ya		n			
	ge Monthly Payroll:	\$ 38300	x 2.5 + EIDL, N Advance (if App Equals Loan Rec	olicable)	\$ 95750	Number	of Employees:	5	
_	se of the loan			<u>_</u>					
(select	more than one):	XPayroll	Lease / Mortgage Inter	est Utilities	Other (explain	າ):			
List all		e of the equit	<b>Applicant Own</b> y of the Applicant. Attach a	separate sheet if					
E i D	Owner Name		Title	Ownership % 100	TIN (EIN, SSN) 5264	4700 26th	Address Ave SW Seattl	la WA C	00126
Eric R	Shibley		Manager	100	5204	4700 36th 2	Ave Sw Seatt	ie was	18126
<u></u>	f questions (1) or (2) b	elow are answ	vered "Yes," the loan will n	ot be approved.					
1.			Question  The Applicant presently suspention in this transaction by a					Yes	No X
2.	Has the Applicant, an guaranteed loan from	SBA or any	e Applicant, or any busines other Federal agency that is						X
3.		y owner of th	e Applicant an owner of any						X
4.			A Economic Injury Disaster identified as addendum B.	Loan between Ja	anuary 31, 2020 ar	nd April 3, 20	20? If yes,		X
<u>If</u>	questions (5) or (6) ar	e answered "	Yes," the loan will not be ap	pproved.					
			Question				Yes	No	
5.	to an indictment, crit brought in any jurisc	minal informaliction, or pres	or any individual owning 20 tion, arraignment, or other sently incarcerated, or on pr	means by which obation or parol	formal criminal cl			ي	
	Initial here to confirm	n your respor	use to question $5 \rightarrow$	<del>ES</del>					
6.	been convicted; 2) p	leaded guilty; of parole or pr	ony, has the Applicant (if an 3) pleaded nolo contendere obation (including probation	; 4) been placed on before judgme	on pretrial diversi		n 🔲	Δ	₃
	Initial here to confirm	n your respor	nse to question $6 \rightarrow$	ES					
7.	Is the United States (Applicant's payroll of		place of residence for all emove?	ployees of the A	applicant included	in the	X		J
8.	Is the Applicant a fra	anchise that is	listed in the SBA's Franchi	ise Directory?				\(\overline{\sum_{\text{\tin}\exititen{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex	3
ı	FOIA CONFIDENTIAL	TREATMENT	REQUESTED				 ATH-RC_00002	97	
	2483 (04/20)	J.S. v. CR20-174	Shibley JCC	10			-01-0000		264
		Governme Ndmitted	nt Exhibit No.	12 					

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### Paycheck Protection Program Borrower Application Form

### By Signing Below, You Make the Following Representations, Authorizations, and Certifications

### **CERTIFICATIONS AND AUTHORIZATIONS**

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

### CERTIFICATIONS

The aut	thorized representative of the Applicant must certify in good faith to all of	the below by <b>initialing</b> next to each one:
ES_	The Applicant was in operation on February 15, 2020 and had employed contractors, as reported on Form(s) 1099-MISC.	es for whom it paid salaries and payroll taxes or paid independen
ES	Current economic uncertainty makes this loan request necessary to sup	port the ongoing operations of the Applicant.
	The funds will be used to retain workers and maintain payroll or make as specified under the Paycheck Protection Program Rule; I understanthe federal government may hold me legally liable, such as for charges	that if the funds are knowingly used for unauthorized purposes
ES_	The Applicant will provide to the Lender documentation verifying the payroll as well as the dollar amounts of payroll costs, covered mortgage for the eight-week period following this loan.	
ES_	I understand that loan forgiveness will be provided for the sum of covered rent payments, and covered utilities, and not more than 25% of	
ES DS	During the period beginning on February 15, 2020 and ending on Deceloan under the Paycheck Protection Program.	mber 31, 2020, the Applicant has not and will not receive another
ES	I further certify that the information provided in this application at forms is true and accurate in all material respects. I understand that k from SBA is punishable under the law, including under 18 USC 1001 fine of up to \$250,000; under 15 USC 645 by imprisonment of not mosubmitted to a federally insured institution, under 18 USC 1014 by in more than \$1,000,000.	nowingly making a false statement to obtain a guaranteed loan and 3571 by imprisonment of not more than five years and/or a re than two years and/or a fine of not more than \$5,000; and, if
ES_	I acknowledge that the lender will confirm the eligible loan at acknowledge and agree that the Lender can share any tax informatio including authorized representatives of the SBA Office of Inspect Program Requirements and all SBA reviews.	n that I have provided with SBA's authorized representatives,
Enic S	Shibley	5/2/2020
Signat	ture of Authorized Representative of Applicant	Date

FOIA CONFIDENTIAL TREATMENT REQUESTED

ATH-RC\_0000298

Eric Shibley

Print Name

Manager

Title

DocuSign Envelope ID: DE6787BD-8159-4C17-99C3-1133D93E8F4D



### Paycheck Protection Program Borrower Application Form

### Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

FOIA CONFIDENTIAL TREATMENT REQUESTED

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### Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Employe	or identification number (EIN)		5 8 4	9	DESCRIPTION OF THE PERSON NAMED IN	for this Quarter of 2020
Name	(not your trade name) ESI LLC				(Check o	nuary, February, March
				511		W, May, June
Trade	name (if ary)				3: Jul	y, August, September
Addres	Programme and the second secon				4: Oc	tober, November, December
	Number Street Scattle	WA	Sulle or room ru 98126	mber		w.irs.gov/Form941 for ns and the latest information.
	Oty	State				
	Foreign assuraby name	Foreign province/county	Foreign scatal o	code		
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	ncluding: Mar. 12 (Quarter 1), June 12 (Qu			The second second		5
2 1	Vages, tips, and other compensation				2	76600 • 3
3 1	ederal income tax withheld from wage:	s, tips, and other o	ompensation .		3	0.
4 1	f no wages, tips, and other compensation	on are subject to s	ocial security or I	Medicare tax		Check and go to line 6.
		Column 1	D	Column 2		
	axable social security wages	76600 •	× 0.124 =	9498 .		
	axable social security tips	****	× 0.124 =	- Ameri		
	axable Medicare wages & tips	76600 .	× 0.029 =	2221 •	40	
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0 T	otal taxes after adjustments and credit	s. Subtract line 11 for overpayment app X (PR), 944-X, or 944	olied from a prior -X (SP) filed in the c	current quarter		11719 . 8

				Employer identification number (EIN)
SILLC				5849
art 2: Tell us abou	t your deposit schedule	and tax liability for this quar	ter.	
If you are unsure about of Pub. 15.	A COLUMN TO A COLUMN TO THE COLUMN TO THE	- None 62 500 or line 12 on the re	turn fo	ekly schedule depositor, see section 11 or the prior quarter was less than \$2,500, and you didnoter. If line 12 for the prior quarter was less than \$2,500 by
	line 12 on this return is \$10 depositor, complete the depositor. Part 3.	0,000 or more, you must provide a celt schedule below; if you are a ser	record	by schedule depositor, attach Schedule B (Form 941). Go t
*	You were a monthly soliability for the quarter, the	hedule depositor for the entire en go to Part 3.	e quar	rter. Enter your tax liability for each month and total
	Tax liability: Month 1	5859 •	90	
	Month 2	5859 .	90	
	Month 3	0.	00	
	Total liability for quarter	11719 .	_	Total must equal line 12.
	Report of Tax Liability for	Semiweekly Schedule Deposito	ors, an	
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4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		CONTRACTOR OF THE PROPERTY OF	o disci	uss this return with the IRS? See the instructions
Select No.	You MUST complete bot	ation Number (PIN) to use when the pages of Form 941 and SK	talking	to the IRS
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W-3 Transmittal of Wage and Tax Statements

5074

Separative Art Sea Transiery

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2. Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be an time if submitted by January 31, 2020. For more information, go to www.SSA.gav/bso. First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

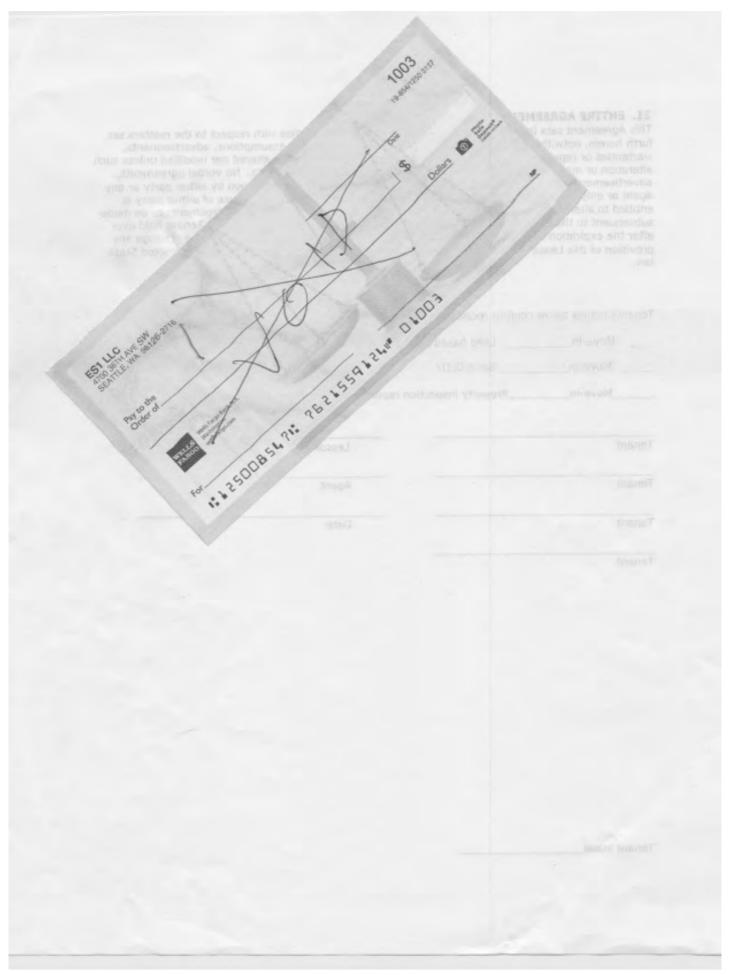
### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Direct Operations Center Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "16769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub, 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



## WAS FINGTON

# DRIVER LICENSE FEDERAL LIMITS APPLY



4d LIC#

9 CLASS

4a ISS 12/06/2019

1 SHIBLEY 2 ERIC RYAN

3 DOB 11978

Case 2:20-cr-00174-JCC Document 137-4 Filed 11/26/21 Page 18 of 31

8 4700 36TH AVE SW SEATTLE WA 98126-2716

> 15 SEX M 16 HGT 6'-00" 12 RESTRICTIONS B

18 EYES BRO

17 WGT 190 Ib

SEND NONE

46 EXP 12/10/2025

5 DD WDL67854F15881206193H1225

REV 11/12/2019



### **Paycheck Protection Program**

A STATE OF THE PARTY OF THE PAR	Borrower Application Form	Ц	OMB Control No.: 3245-0407 Expiration Date: 09/30/2020
Check One:	□ Sole proprietor □ Partnership □ C-Corp □ S-Corp □ LLC □ Independent contractor □ Eligible self-employed individual □ 501(c)(3) nonprofit □ 501(c)(19) veterans organization □ Tribal business (sec. 31(b)(2)(C) of Small Business Act) □ Other	DBA or Trade	name if Applicable
	Business Legal Name		
	SS1 LLC		
	Business Address	Business TIN (EIN, SSN)	Business Phone
	4700 36th Ave SW	7509	2069384291
		Primary Contact	Email Address
		Eric Shibley	ers98126@gmail.com

Average Monthly Payroll:	s 328000	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	<sup>s</sup> 820000	Number of Employees:	41
Purpose of the loan					
(select more than one):	Payroll Leas	e / Mortgage Interest	s Other (explain):	employee benefits	

### **Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	-526	4700 36th Ave SW Seattle W

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

	Question		Yes	No
1.	Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared inelig voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved bankruptcy?			
2.	Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a d guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years caused a loss to the government?			
3.	Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, an business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	y other		
4.	Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yo provide details on a separate sheet identified as addendum B.	es,		
<u>If</u>	f questions (5) or (6) are answered "Yes," the loan will not be approved.			
	Question	Yes	No	
5.	Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?		■	]
	Initial here to confirm your response to question $5 \rightarrow \frac{\text{ers}}{}$			
6.	Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?  Initial here to confirm your response to question 6   ers			]
7.	Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	■		]
8.	Is the Applicant a franchise that is listed in the SBA's Franchise Directory?		■	]
	FOIA CONFIDENTIAL TREATMENT REQUESTED ATH-RC	0000590	0	

SBA Form 2483 (04/20)

U.S. v. Shibley CR20-174 JCC Government Exhibit No. 13 Admitted \_\_\_\_\_

DOJ-01-0000003592



### **Paycheck Protection Program Borrower Application Form**

### By Signing Below, You Make the Following Representations, Authorizations, and Certifications

### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

### **CERTIFICATIONS**

The author	orized representative of the Applicant must certify in good faith to all of the below by <b>initialing</b> next to each one:
ers	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
ers	Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
ers	The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
ers	The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
ers	I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

ers During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

ers I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Eric Ryan Shibley Digitally signed by Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00'	04/20/2020
Signature of Authorized Representative of Applicant	Date
Eric R Shibley	04/20/2020
Print Name	Title

FOIA CONFIDENTIAL TREATMENT REQUESTED

ATH-RC\_0000591

ers



### Paycheck Protection Program Borrower Application Form

### Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See. 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

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### Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Employer	dentification number (EIN)	7	5 0	9	Report for (Check one.)	this Quarter of 2020	
	of your trice name; SS1 LLC				X 1: Januar	y, February, March	
					2: April, f	day, June	1
Trade na	ime (# arry)			= 1		ugust. September	
Address	4700 36th Ave SW	number	_	er, November, December is gow/Farm941 for			
	Seattle	26	instructions a	and the latest information	4		
	Ску	State	ZIP oo	de			
			Foreign por	etar cocta			
	Foreign country name	Tonign province county	10000				
Read the Part 1:	separate instructions before you comp Answer these questions for this	quarter.	pern warer a	IC GOVES!			
1 N	umber of employees who received w	ages, tips, or other con	npensation f	or the pay perio	d	41	-
in	cluding: Mar. 12 (Quarter 1), June 12 (	Quarter 2), Sept. 12 (Qu	arter 3), or D	ec. 12 (Quarter 4	9 1		
2 V	lages, tips, and other compensation		11-4-6		. 2	656,000	(
3 F	ederal income tax withheld from way	see tion and other con	nonnsation		. 3	0.	(
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lame (not your trade name)					Employer identification number (EIN)
SSILLC					7509
Part 2: Tell us abou	t your deposit	schedule and t	ax liability for this qua	arter.	
If you are unsure about of Pub. 15.					nekly schedule depositor, see section 11 or the prior quarter was less than \$2,500, and you didn't
16 Check one:	incur a \$100,00 line 12 on this r depositor, comp Part 3.	elum is \$100,000 sete the deposit so	or more, you must provide hedule below; if you are a s	a record emhweek	of your federal tax liability. If you are a monthly schedule ly schedule depositor, attach Schedule B (Form 941). Go to
×	You were a m	nonthly schedul quarter, then go	e depositor for the ent to Part 3,	ire quar	rter. Enter your tax liability for each month and total
	Tax liability:	Month 1	41614 •	50	
		Month 2	41614.	50	
		Month 3			
	Total liability fo		83229 ·		Total must equal line 12.
	You were a s Report of Tax	semiweekly sch Liability for Sem	edule depositor for any iweekly Schedule Depos	part of	f this quarter. Complete Schedule B (Form 941), ad attach it to Form 941.
Part 3: Tell us abou			n does NOT apply to y		
17 If your business					
enter the final da					
18. If you are a sea	ennal employer	and you don't	have to file a return for	every at	parter of the year . Check here:
ter in Jone on a new	action empreys	mon you see	4444	44013 14	diam'r.
Bart 4: May we spe	eak with your	third-party desi	ignee?		and the same of th
Part 4: May we spo Do you want to a	eak with your	third-party desi	ignee?		uss this return with the IRS? See the instructions
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Do you want to a for details.  Yes. Design	eak with your slow an employ ee's name and	third-party des ee, a paid tax pro phone number	ignee?	to disci	uss this return with the IRS? See the Instructions
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Trade no	erree (V arry)				3: July, A	ugust, September
Address	4700 36th Ave SW		Suite or room:	tumber	-	er, November, December
	Seattle	WA	9812			s.gov/Form941 for and the latest information.
	City	State	ZIP rose			
	Floreign country name	Foreign province/courty	Freegn posits	6 0308		
and the	separate instructions before you comple Answer these questions for this q		print within the	boxes.		
_	umber of employees who received wa		impensation for	the pay perio	d	
	cluding: Mar. 12 (Quarter 1), June 12 (Q				ALC: UNIVERSITY OF THE PARTY OF	41
2 W	rages, tips, and other compensation				. 2	538000 • 0
		and the second				0.0
3 F	ederal income tax withheld from wage	es, tips, and other co	mpensation .			V . V
4 If	no wages, tips, and other compensat		cial security o			eck and go to line 6.
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56 T	axable social security tips	£28000	× 0.124 =			
56 To	axable Medicare wages & tips	538000 •	7	15602		
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ime (not your trade name)					Employer identificati	95021 on number (EIN)
STLLC						7509
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If you are unsure ab	out whether you	u are a mor	thly schedule depositor or a	semi	weekly schedule deposit	or, see section 11
of Pub. 15. 16 Check one:	line 12 on this	return is \$10	se then \$2,500 or line 12 on the seposit obligation during the our 0,000 or more, you must provide out schedule below; if you are a se	nent qu	parter. If line 12 for the prior of rd of your federal tax liability.	juarter was less than \$2,500 bit. If you are a monthly schedu
×			hedule depositor for the enti en go to Part 3.	ire qu	arter. Enter your tax liabil	ity for each month and total
	Tax liability:	Month 1	27438 •	00		
		Month 2	27438 •	00		
		Month 3	27438 •	00		
	Total liability fo	or quarter	82314.	20	Total must equal line 12	
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	Report of Tax	Liability for	Semiweekly Schedule Deposit	tors, a	nd attach it to Form 941.	Suredue tr (rom 341).
Part 3: Tell us abo			stion does NOT apply to yo	-	The second secon	
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17 If your business	s has closed or	you stoppe	d paying wages			Check here, and
enter the final cl	ate you paid wag	988 /	7			
18 (1) (0) (1) (1)	manual amplemen	and one de	and have to the a set on to			El minutes
A STATE OF THE STA	THE PARTY OF	7.000	on't have to file a return for e	very g	uarter of the year	Check here.
art 4: May we sp	eak with your t	hird-narty	docionos?			
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WA NAME OF THE STATE OF T	1/Suprincome tax	O O	income 054		
Employer's contact person Eric R Shibley		Employer's foliations number For Ch 206-939-4291	Total Lisa Grily		
Employer's fall rumber 206-	-260-1412	Employer's extrail actives shibleenyc@yahoo.com			
Under senalties of Bellius Augusta	rethat3 kirve examined to	turn and accompanying documents, and, to the sest of my supplied or	and belief, biey are true, come.		

### Form W-3 Transmittal of Wage and Tax

2019

Principle Street

### Statements

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone, All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable, Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free

e-filling options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

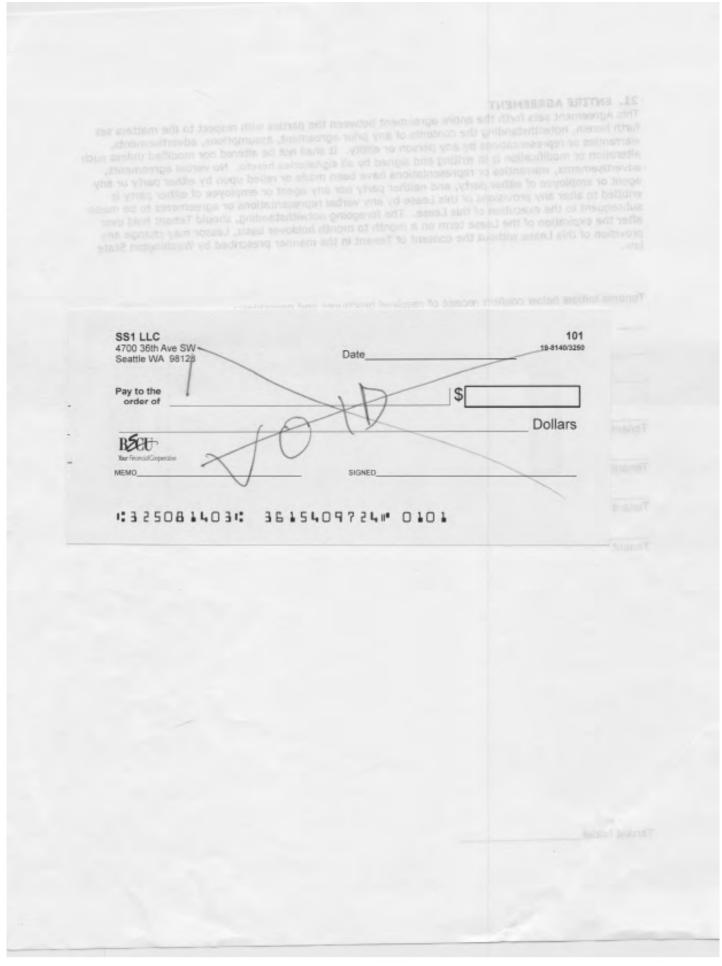
W-2 Online fill-in forms or file uploads will be on time if submitted

by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Login."

FOIA CONFIDENTIAL TREATMENT REQUESTED

### Request for Taxpayer

Pev. October 2018) Department of the Treasury Internal Revenue Sanico	Identification Num  So to www.irs.gov/FormW9 for in				requester. Do no send to the IRS.		
	on your income tax return). Name is required on this line;		iniormation.	_			
Eric R Shibley		of hereaft his awaren.					
the state of the s	sregarded entity name, it different from above						
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el a ni	here for before the observation of the names where	ness to existence on them 1. Carrow	In facility was an all the	A Pinner	tions (codes apply only)		
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5 Individual/sole		on Partnership		is on page 3):			
5				Exempt pe	ryee code (if any)		
Note: Check to LLC if the LLC another LLC th is disregarded	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S  Note: Check the appropriate box in the line above for the tax classification of the single-member purper. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner of the LLC is another LLC that is not disregarded from the owner of the LLC is disregarded from the owner should check the appropriate box for the tax classification of its owner.						
Other (see instr				Approves to max	COSTS CHARGEST AND ROLL.		
5 Address (number,	street, and apt. or suite no.) See instructions.	8	lequester's name a	and address	(optional)		
6 City, state, and ZF	P code						
Seattle WA 9812	26						
7 List account numb	eris) here (optional)						
-							
Part I Taxpay	er Identification Number (TIN)						
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am a U.S. citizen or of	ther U.S. person (defined below); and						
	ered on this form (If any) indicating that I am exen	not from FATCA reporting i	is correct.				
ertification instructions. u have failed to report all quisition or abandonmen	You must cross out item 2 above if you have been interest and dividends on your tax return. For real et of secured property, cancellation of debt, contributed by you are not required to sign the certification.	notified by the IRS that you a state transactions, item 2 do tions to an individual retirent	are currently subjoes not apply. For	mortgage (IBA) and	interest paid,		
gn Signature of U.S. person ►		Dar	5/1	120	20		
eneral Instru	ictions	• Form 1099-DIV (divid	lends. Including t	those from	stocks or mutual		
ction references are to led.	the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (val	rious types of inc	come, priz	es, awards, or gross		
ture developments. Fo	or the latest information about developments is instructions, such as legislation enacted	Form 1099 B (stock to	or mutual fund sa				
	go to www.irs.gov/FormW9.	ransactions by broken	7	to to a	etlame)		
rpose of Form	1	<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>					
individual or entity (For	m W-9 requester) who is required to file an IRS must obtain your correct taxpayer	Form 1098 (home mo 1098-T (tuition)			THE RESERVE OF THE PROPERTY OF		
ntification number (TIN)	which may be your social security number	Form 1099-C (canceled debt)					
<ul> <li>N), individual taxpayer</li> <li>payer identification out</li> </ul>	identification number (ITIN), adoption nber (ATIN), or employer identification number	• Form 1099-A (acquieil		nent of sec	cured property)		
N), to report on an infor ount reportable on an is	mation return the amount paid to you, or other information return. Examples of information	Use Form W-9 only if alien), to provide your o	you are a U.S.				
ums include, but are no orm 1099-INT (interest	t limited to, the following. earned or paid)	If you do not return F be subject to backup w later.	orm W-9 to the lithholding. See	requester What is ba	with a TIN, you mightickup withholding.		



## WASHING TON

## DRIVER LICENSE FEDERAL LIMITS APPLY



4d LIC#

9 CLASS

4a ISS 12/06/2019

1 SHIBLEY 2 ERIC RYAN

3 DOB 11978

Case 2:20-cr-00174-JCC Document 137-4 Filed 11/26/21 Page 31 of 31

8 4700 36TH AVE SW SEATTLE WA 98126-2716

> 15 SEX M 16 HGT 6'-00" 12 RESTRICTIONS B

18 EYES BRO 17 WGT 190 Ib

9a END NONE 4b EXP 12/10/2025

5 DD WDL67854F15884206193H1225

REV 11/12/2019